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## **Evaluation of Plumas County MHSA Three Year Expenditure Plan**

CSS Committee Members: Sue Mayer, Linda Rivera, Sheri Whitt

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Initial Allocation \$1,195,729

Overall the County clearly took the intent of the Mental Health Services Act to heart and Committee members felt the contents of the plan were a good start towards developing a mental health system in Plumas County which is truly reflective of the intent of the Act. The Committee would like to encourage the strong collaboration undertaken by Plumas County with its agency and community partners. The Committee was especially pleased to see collaboration with local headstarts, preschools and daycares in the planning for serving young children in the County.

The Committee also wants to commend PCMH for setting a specific goal to develop three (3) anti-stigma strategies annually with consumers taking the lead (p. 26). The Committee will be encouraging PCMH to coordinate closely with the Statewide anti-stigma campaign planning currently underway, but wanted to recognize that these local anti-stigma efforts, led by consumer voices, will be an important part of educating the public about mental health needs and local community resources.

Another positive the Committee recognized was PCMH's intent to develop a prescription voucher program for the homeless (p. 27). This vulnerable population will undoubtedly benefit greatly from such a program and it will improve access to services for a high risk group.

Additional positive elements of PCMH's plan were noted by the Committee: the planned use of consumer surveys (p. 34), planned direct personal contact monthly with all stakeholders (p. 34), support for a consumer/family member educational program (p. 42), including fiscal and reception staff in annual cultural competence training and use of a girl's group to address gender sensitivity issues.

One particular shortcoming the Committee would like to see addressed is for PCMH to engage in additional, more in-depth planning for how best to deliver services in a culturally sensitive and relevant manner to ethnic and cultural populations in the area. PCMH's primary strategy for addressing racial/ethnic/cultural disparities seems to be

establishing regional offices which would theoretically allow for better access to underserved and unserved ethnic populations (p. 23). PCMH also mentions recruiting and hiring bilingual staff (p.23) and distributing articles and information to PCMH staff regarding cultural/treatment issues. **The Committee would like to see PCMH develop more intensive outreach and engagement strategies to address cultural and ethnic disparities, such as developing Leadership Councils or other advisory bodies comprised of individuals and agency representatives currently serving difficult to reach populations.** On-going dialogue with such groups would assist PCMH in generating specific outreach and engagement strategies for specific populations.

On a final note, the complete lack of strategies for how best to serve the Gay/Lesbian/Bisexual/Transgender population needs immediate attention. **The Committee would like to see a detailed plan for outreach and engagement with the LGBT community.** A local chapter of PFLAG (Parents and Friends of Lesbians and Gays), if it exists, might help the County develop contacts and identify community leaders to help them with this project. The County could also consider speaking with other counties regarding their outreach strategies to this population if that has not already been done.

#### **Consumer and Family Involvement**

Consumer and Family members do appear to have been involved in the development of PCMH's plan. The Committee did note, however, an apparent lack of parental involvement in planning for the needs of young children, 0-5 years of age. In reviewing the plan for evidence of any on-going involvement of consumer and family members in system transformation, it is clear the county has a strong link with NAMI as evidenced by its plan to provide NAMI with \$2500-3000 to conduct a family mentoring program and an anti-stigma campaign. It was unclear in the plan what the family mentoring program is, however, and **the Committee would like more information about the family mentoring program in the future.** Aside from being involved in educational activities, the role of consumers and family members seems constricted. **The Committee would like more information about what is being done to encourage consumer and family voice in the PCMH transformational process and/or to see this role broadened for consumers/family members.** On page 34 of the plan it is written, "PCMH directly employs numerous adult and adolescent consumers and has a stated policy of inclusion of consumers and employees at all levels." **The Committee would like more details about the inclusion policy.**

#### **Fully Served, Underserved/Inappropriately Served, Un-served:**

The Committee would like to have seen more depth in the responses regarding who is fully served, underserved/inappropriately served, and unserved in Plumas County. On page 23 the PCMH acknowledges having been twice removed from co-location facilities with the local Rancheria. **The Committee would like more information about why PCMH was twice removed from co-location facilities and more in the plan about how to better serve American Indians in the future.** Also, as was mentioned earlier, regional sites seem to be the main strategy for addressing ethnic disparities. The Committee felt this strategy was incomplete in addressing access issues for underserved/inappropriately served and unserved populations. It fails to take into account issues unrelated to geography which sometimes keep consumers and their family members from accessing services. The Committee also had questions regarding the

statement made on page 39 of the plan in which it is projected only 26 individuals are likely to need Spanish speaking only services. This seemed low to Committee reviewers, particularly in light of the fact that on page 17 of the PCMH plan it is written that Latino children are highly represented in the Headstart programs. This would suggest that the level of need for Spanish speaking only services is likely to rise in the near future. **The Committee looks forward to hearing more in the future about services to the Spanish speaking only population living in Plumas County.**

#### **Wellness/Recovery/Resilience:**

In the Mental Health Services Act language addressing developing services for adults and seniors, it is clearly stated, “Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

- (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self determination.
  - (2) To promote consumer-operated services as a way to support recovery
  - (3) To reflect the cultural, ethnic and racial diversity of mental health consumers
  - (4) To plan for each consumer’s individual needs
- (MHSA; Section 7. Section 5813.5 (d))

The Committee reviewers saw evidence that PCMH is committed to a vision of recovery for its consumers. On page 34 PCMH states it will continue to train all employees in a “Solution Focused Approach” that is highly respectful of consumer directed change and that emphasizes individual choice and responsibility. Certainly the plan to develop and expand consumer involvement/increase community awareness and decrease stigma (workplan #3) is also consistent with wellness/recovery/resilience goals.

**Overall, however, the Committee would like to have seen more detail in this response including an outline of specific strategies for further inclusion of consumers (not just as educational partners but also as providers of services and in leadership capacities) and specific strategies regarding transforming the system to more closely reflect the cultural, ethnic and racial diversity of its current and potential mental health consumers.**

#### **Education and Training and Workforce Development**

The Committee did not see a strong education and training plan outlined in the PCMH plan for its current staff, nor was there a specific training budget line item. Education of PCMH’s staff is highly recommended. The Mental Health Services Act speaks eloquently about the need for education and training in order to increase the supply of professional staff and other staff able to meet the needs of consumers and their families. In the MHSA, Section 8, Part 3.1 Education and Training Program, 5822 (f) it says “Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Parts 3, 3.2, 3.6, and 4.” is required. Part 3 refers to training staff regarding the Purpose and Intent of the Mental Health Services Act. Part 3.2 refers to training staff regarding the purposes of innovative programs (to increase access to underserved groups, to increase the quality of services, including better outcomes, to promote interagency collaboration, and to increase access to services). Part 3.6 refers to training staff regarding the appropriate components of prevention and early intervention

programs. **The Committee will be looking for a specific education and training plan for staff in future plans.**

### **Collaboration**

PCMH collaborates with its community and this is illustrated in the PCMH plan. The Committee would like to encourage an expansion of these collaborative relationships. On page 13 of the PCMH plan it is stated, “A consistent theme that arose, particularly in agency meetings was a desire for Mental Health staff to be more involved in communication and collaboration with other agencies.” PCMH is to be commended for recognizing the importance of this collaboration.

### **Programs: FSPs**

**Integrated Assessment and Service Teams** A therapist and case manager will be located at Quincy to respond on site to individuals who have demanding mental health problems and will have the capacity to provide mobile assessments. The stated ability to provide mobile assessments is seen as a positive result of this program. **The Committee suggests PCMH consider hiring a consumer/family member in the case manager role for this program.**

**Regionalization and Telepsychiatry** Telemedicine sites at the jail and at selected regional sites are planned to assure quicker, safer, and more comprehensive service delivery. Comments have already been made about the possible limitations of regionalization as an access strategy, but the Committee review team commends PCMH for its efforts to bring services to consumers and their families. The Committee assumes outcome evaluation regarding consumer satisfaction with telepsychiatry services is planned.

**Developing and Expanding Consumer Involvement/Increasing Community Awareness and Decreasing Stigma** This program is being designed to jump start consumer involvement by assuring that financial resources are available for consumer designed and initiated education and self-help efforts. The Committee assumes PCMH will coordinate closely with the State regarding implementation of its anti-stigma activities. **The Committee suggests PCMH consider hiring a consumer/family member for the Access Coordinator position.** The Committee looks forward to future reports from PCMH regarding a statement made in the PCMH plan on page 43, “We want to assure that consumer driven efforts include a specific strategy or strategies that have the potential to decrease cultural disparities in mental health services.” and applauds PCMH for including this as a goal for this program.

**Children’s System of Care** The current Children’s System of Care program has been successful, has partnerships in place which are successful and functioning and is poised to serve as the core point of collaboration and service provision for children, adolescent, and transition aged individuals according to PCMH. **The Committee felt a broader explanation of how resiliency principles are reflected in the SOC would have been helpful in evaluating the effectiveness of this program and would have liked more detail about how youth and their families have helped to design their individual service plans (p. 47) The Committee would also have like a more specific approach outlined for working with GLBT youth and their families.**

Supportive Employment PCMH clearly had a wonderful partnership at one time with Plumas Rural Services, the Department of Vocational Rehabilitation, the Department of Transportation and the California Highway Patrol. The Committee is pleased to see PCMH seeking to build on this successful collaborative model with its Supportive Employment workplan #5. A case manager is identified to develop job options, coordinate job skills training, transport consumers to job sites and supervise job completion. **It is hoped a consumer/family member could be considered for this position.** PCMH's recognition of how both the consumer and the community benefit from working partnerships (p. 50) was well articulated.

Outreach to Homeless This program provides supports for those that are homeless or at risk of homelessness and makes medication immediately available when the consumer has an active prescription. It also offers a psychiatric assessment when a prescription is not available. The Committee was impressed with this workplan.

### **System Development**

Regionalization and Telemedicine Further developing the service delivery system in order to place services closer to those in need is to be commended.

Children's System of Care The Committee was pleased to see that the Children's System of Care is in place and would recommend PCMH continue to build its collaborative relationships to further system capacity.

### **Outreach and Engagement programs**

Developing and Expanding Consumer Involvement/Increasing Community Awareness and Decreasing Stigma The Committee feels this is a good outreach and engagement strategy and would suggest PCMH challenge itself to develop a consumer and family member base which is truly reflective of the diversity of the community.

Outreach to Homeless The Committee felt this strategy was an effective outreach and engagement strategy for a specific portion of the homeless population and encourages PCMH to consider how to broaden its outreach to include difficult to reach homeless populations such as youth, transitional aged youth, GLBT homeless, etc.

Outreach and Engagement with Older Adults The Committee feels this population is particularly in need of services. In the PCMH plan on page 56 it is stated that older adults are at a great risk of depression and suicide and that Plumas county has the highest per capita population of individuals over age 60 in the State. Given these statistics, the Committee would like to have seen services offered beyond outreach and engagement to this community. While having senior companions will undoubtedly reduce the isolation of seniors and potentially provide entry into mental health and support services, **the Committee would encourage PCMH to bring together Older Adult stakeholders in a long term planning process regarding how to meet the crisis and on-going needs for this fragile population.**

## **CONCLUSION**

**Question:** The overarching question for the Oversight and Accountability Commission is: “How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.